RECEIVED

2011.APR -6 AM 7: 44

FEC MAIL CENTER

FEC FORM 2 STATEMENT OF CANDIDACY

(a) Name of Candidate (in full) ROBERT LEE				-		
(b) Address (number and street)	Check if address changed		2. Identification Number			
P.O. BOX 4371						
(c) City, State, and ZIP Code MOUNT EAGLE, VIRGINIA 22303-0371			3. Is This Statemen	nt (N)	OR	Amended (A)
4. Party Affiliation	5. Office Sought	6. State & Distric	ct of Candidat	te		
THE INDEPENDENCE PARTY	PRESIDENT	VIRGINIA	\			
DE	SIGNATION OF PRINCIPAL	CAMPAIGN	COMMIT			-,
7. I hereby designate the following name	ned political committee as my Principal (Campaign Commi		2012 year of election	election(s	i) .
NOTE: This designation should be fi	iled with the appropriate office listed in the	ne instructions.				
(a) Name of Committee (in full)						
ROBERT LEE PRE	SIDENT					
(b) Address (number and street)	, , , , , , , , , , , , , , , , , , ,			·		
P.O. BOX 4371						·
(c) City, State, and ZIP Code					. •	
MOUNT EAGLE,V	'IRGINIA 22303-0371					• .
DE	SIGNATION OF OTHER AUT	THORIZED C	COMMITT	EES	-	
	(Including Joint Fundraising	•	-		46.4.	h-1-16-6
s. I nereby authorize the following nam candidacy.	ed committee, which is NOT my principa	ai campaign comr	mittee, to rece	ave and expe	ena tunas on	benail of my
NOTE: This designation should be fi	led with the principal campaign committe	e.				
(a) Name of Committee (in full)						
THE INDEPENDEN	NCE PARTY"	Fre in the second		, **	. .	
(b) Address (number and street)	\$'					
P.O. BOX 4371			***	1		
(c) City, State, and ZIP Code						
MOUNT EAGLE	VIRGINIA 22303-037	71	:			
I certify that I have exa	mined this Statement and to the best of	my knowledge an	nd belief it is tr	ue, correct a	nd complete.	
Signature of Candidate	11 7-1		Date			
K	Her her	_	i	MARCH	17,20	11
NOTE: Submission of false, erroneous,	or incomplete informetion may subject t	he persen signing	this Stateme	nt to penaltic	es of 2 U.S.C.	. §437g.
,	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		FEC FC	ORM 2 (REV. 12/2008)